Arizona Department of Health Services

Division of Behavioral Health Services
Office of Human Rights
150 N. 18th Ave. Suite 210
Phoenix, Arizona 85007
(602) 364-4585
(602) 364-4590 FAX
Internet: www.hs.state.az.us/bhs

JANET NAPOLITANO, GOVERNOR
CATHERINE R. EDEN, DIRECTOR

AUTHORIZATION FOR RELEASE OF INFORMATION

I _____ _____
Consumer's Name Date of Birth

Hereby authorize _____

Address _____

To release the information described below to:
The Division of Behavioral Health Services, Office of Human Rights, 150 N. 18th Ave. Suite 210, Phoenix, AZ 85007

- ☐ Psychiatric Assessments/Evaluations
- ☐ Diagnosis/Prognosis
- ☐ Triage/Discharge Summary
- ☐ Progress Notes
- ☐ Psychosocial History
- ☐ Treatment/Service Plans
- ☐ School Records
- ☐ Verbal Communications
- ☐ Medications
- ☐ Test Results/Labs
- ☐ Team Staffings
- ☐ Other _____
- ☐ Information from the following facilities (Specify agency name and information needed): _____

_____

_____

to include records on drug abuse, alcoholism, sickle cell anemia, human immunodeficiency virus (HIV) infection, acquired immunodeficiency syndrome (AIDS), or tests for HIV information.

Purpose for disclosure: Advocacy At the request of the individual Other _____

_____

I understand that I may revoke this authorization at any time, except when on action based on this authorization has already been taken. This consent will automatically expire six months from the date it is signed.

_____ _____
Signature of Consumer (or parent/guardian) Witness

_____ _____
Other required signature (if applicable) Date

_____
Relationship to Consumer

If consumer is a minor and the information requested relates to substance abuse records, his/her signature is required with the signature of parent/legal guardian.

Notice to Recipient: This information has been disclosed to you from records whose confidentiality is protected by Federal law. Federal regulations (42 CFR Part 2) prohibits you from making any further disclosure of it without this specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is not sufficient for this purpose.

_____ _____
Consumer Name Consumer ID